

ALABAMA FAIR CAMPAIGN PRACTICES ACT

CANDIDATE / ELECTED OFFICIAL PRE-ELECTION REPORT SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable)			
Address <input type="checkbox"/> Check box if reporting new address			
City	State	ZIP Code	Telephone Number

Type of Election

(check one)

- ☐ Primary Election
- ☐ Primary Runoff
- ☐ General Election
- ☐ Special Election

Election Date

Type of Report (check one)

- ☐ 10-5 Day Pre-Election Report
- ☐ 45 Day Pre-Election Report
- ☐ Amended Pre-Election Report

CHECK ONE OF THE ABOVE BOXES TO INDICATE WHICH TYPE OF REPORT IS BEING AMENDED

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)		2c	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a		
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		
Receipts from Other Sources				
4	Total receipts from other sources (total from Form 4)		4	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)		5c	
6	Ending balance (add lines 1, 2c, & 4, then subtract line 5c)		6	

Sworn to and subscribed before me this _____ day of _____ of the year _____. My commission expires the _____ day of _____ of the year _____.

Signature of Notary Public

Print Notary's Name

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Signature of Candidate or Elected Official

Date

LOANS/INTEREST/OTHER SOURCES OF INCOME TO CANDIDATE OR ELECTED OFFICIAL

PAGE _____ OF _____

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

FORM 5: EXPENDITURES

NAME OF CANDIDATE / ELECTED OFFICIAL:

PAGE _____ OF _____

The FCPA requires that expenditures over \$100 be itemized.

[illegible]